

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

MTH

PLAINTIFF Corey Manuel		COURT CASE NUMBER 07C6335	
DEFENDANT Sergeant Lyles, et al.		TYPE OF PROCESS S/C	
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Superintendent Salazar		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2400 South California Chicago IL, Division 9 Number # 32		
AT	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Cory Manuel, #2007-0014551 Cook County Jail P.O. Box 089002 Chicago, IL 60608		
		Number of process to be served with this Form - 285	
		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

C/o Rhonna, Legal Dept 2nd - HR Div 5.

Signature of Attorney or other Originator requesting service on behalf of: Corey Manuel	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 11-21-07
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 4 of 5	District of Origin 24 No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	TD#	Date 11-21-07
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Officer Rhonna Parnandis

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service

Time

12/10/07 2:35 pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee	Total Mileage Charges, (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
One	service fee	same location	case fee attached	process	sub # 1 for charges.	

REMARKS:

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)